PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall Commissioner for Patents P.O. Box 1490. How 1490 have and 12, 1190 have a control or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificat	form should be used for correspondence including d below or directed oth ions.	or trans g the P erwise	mitting the ISSUI atent, advance ord in Block 1, by (a)	E FEE and PUBLIC lers and notification specifying a new c	of m	ON FEE (if requir aintenance fees wi condence address;	ed). Bi il be n and/or	ocks 1 through 5 she ailed to the current of (b) indicating a separ	ould be completed where correspondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
49455 7590 11/15/2007						Cont	Honto	of Mailing or Transn	alcelon .	
STEIN, MCEWEN & BUI, LLP 1400 EYE STREET, NW SUITE 300					I her State addre trans	eby certify that this es Postal Service w essed to the Mail emitted to the USP1	s Fee(s ith suff Stop I O (57)	Transmittal is being icient postage for first SSUE FEE address () 273-2885, on the da	deposited with the United class mail in an envelope above, or being facsimile to indicated below.	
WASHINGTON, DC 20005									(Depositor's name)	
									(Signature).	
		(Dale),								
APPLICATION NO.	LICATION NO. FILING DATE		FIRST NAMED INVE		NTOR	. ATTORNEY DOCKET NO.		ENEY DOCKET NO.	CONFIRMATION NO.	
10/763,381	10/763.381 01/26/2004		Sung-hyu Ha					1793.1181	4575	
TITLE OF INVENTION: SOFT DEMODULATION METHOD AND APPARATUS										
TITLE OF INVENTION									,	
									i	
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	. NO		\$1440	\$300		\$0		\$1740	02/15/2008	
EXAMINER			ART UNIT	CLASS-SUBCLAS	S]				
HA, DAC V			2611	375-246000		•			-3-	
1. Change of correspond	2. For printing on the patent front page, list (1) the pages of up to 3 registered patent attorneys 1 Stein, McEwen & Bui, LLP									
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered potent attorneys or agents OR, Blumatively, (2) the name of a single firm (laving as a member a registered attorney or agent) and the names of up to 2 registered attorney or agent and the names of up to 1 registered potent attorneys or agents. If no name is listed, no name will be printed.						
Address form PTO/SB/122) attached. The Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.										
										3. ASSIGNEE NAME A
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSI	(B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Samsung Electronics Co., Ltd.				Suwon-si, Republic of Korea						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🐰 Corporation or other private group entity 🚨 Government										
4a, The following fec(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid Issue fee shown above)										
X Issue Fee				A check is enclosed.						
Publication Fee (A Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503333 (enclose an extra copy of this form).									
Advance Order -	# 01 Copies			overpayment, to	Depo	osit Account Numb	cr_50	3333 (enclose a	n extra copy of this form).	
	atus (from status indicat ns SMALL ENTITY sta			□ h Applicant is:	no lor	ager claiming SMA	LL EN	TITY status. See 37 C	FR 1.27(e)(2).	
MOTE: The Irrue Fee a	nd Publication Fee (if re	mired)	will not be secent	ed from anyone other	than	the applicant: a reg	istered	attorney or agent; or ti	he assignce or other party in	
interest as shown by the	records of the United St	ates Pa	tent and Trademar	k Office.					he assignee or other party is	
Authorized Signature Jaufan Rodugas						Date	31/	08		
Authorized Signature Quadratic Date 1/31/08 Typed or printed name Douglas X. Rodriguez Registration No. 47,269										
This collection of infor an application. Confide submitting the complet this form and/or sugges Box 1450, Alexandria, Alexandria, Virginia 22	mation is required by 37 ntiality is governed by 3 ed application form to the stions for reducing this b Virginia 22313-1450. E 1313-1450.	CFR 1. 5 U.S.C 1e USP urden, 1 10 NOT	311. The informati C. 122 and 37 CFR TO. Time will var should be sent to the SEND FEES OR	ion is required to obta 1.14. This collection y depending upon the Chief Information COMPLETED FOR espond to a collection	nin or n is es e indi Offic MS T	retain a benefit by stimated to take 12 vidual case. Any c cer, U.S. Patent and O THIS ADDRES aformation unless it	the pub minute ommer I Trade S. SEN display	lic which is to file (an s to complete, including ts on the amount of timerk Office, U.S. Dep D TO: Commissioner	d by the USPTO to process ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450 I number.	
Ormet tite I aber Motif I		- P-100E			70					